

- Hall Held Roundtables with VSOs and Veterans in New York and D.C. for Input - Washington, DC

– After meeting with local veterans in the Hudson Valley and Veterans Service Organizations in Washington, D.C., U.S. Rep. John Hall (D-Dover) is calling on Veterans Affairs (VA) Secretary Eric Shinseki to broaden a proposed regulation regarding Posttraumatic Stress Disorder (PTSD) to make it easier for veterans to access the benefits they have earned. Pressure from Congressman Hall led the VA to issue this new PTSD regulation. Hall wants to make sure that the VA's rule has the same effect as the COMBAT Act (H.R. 952), legislation Hall wrote and introduced, although Hall and veterans' groups have concerns that the rule is not as broad and inclusive as the COMBAT Act.

"It is vital that any regulation promulgated by the VA be as inclusive as possible so that our veterans can receive the benefits that they deserve," Hall wrote to Shinseki. "While I applaud the VA's efforts to address this important issue, as proposed it does not go far enough to meet the intent of legislation I introduced, H.R. 952, the COMBAT Act. With the current VA disability claims backlog hovering close to one million, it is crucial that we do whatever we can to reduce the waiting time for veterans to receive the benefits that they deserve."

Congressman Hall serves as Chairman of the House Veterans' Affairs Subcommittee on Disability Assistance and Memorial Affairs, which has jurisdiction over the VA's compensation system. Hall has been working for two years to change regulations at the VA that he says make it far too difficult for veterans seeking disability benefits. He has met with President Obama and Secretary Shinseki to urge them to change the way PTSD claims are handled at the VA. After Hall held several subcommittee hearings on the need for the COMBAT ACT, the VA acknowledged the need for such a change and committed to drafting a proposed rule.

Hall's COMBAT Act would expand the legal meaning of "combat with the enemy" to include any active service in a theater of combat. The current definition of "combat with the enemy" only includes servicemen fighting on the frontline in combat roles like infantrymen, reconnaissance teams, and snipers. Servicewomen are not currently allowed to serve in positions defined as combat roles, so women often have a more difficult burden of proof when seeking service-connected benefits for PTSD. The COMBAT Act would establish any service in a theater of combat as the presumptive stressor for the incurrence of PTSD, removing the requirement for a veteran to prove that a specific incident occurred during war caused his or her PTSD. The veteran would still need to be clinically diagnosed with PTSD; however, he or she would no longer need to document the events that caused this diagnosis. Hall requested the following changes be made to the VA's proposed regulation:

- Allow any board-certified and licensed psychiatrist or psychologist to render a PTSD diagnosis. The regulation currently states that only a VA psychiatrist or psychologist can.
- Allow a veteran to be diagnosed with PTSD and receive compensation if his or her response involved intense "fear, helplessness, or horror" as is defined in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Forth Edition (DSM-IV-TR). This definition is broader and more inclusive than the VA's current regulation which states that a veteran's stressor must be related to "fear of hostile military or terrorist activity"

"As I have heard from countless veterans, service members in combat zones also serve in non-combat capacities," said Hall. "There are many stresses on their daily lives that might not fit under the fear provision as written. This is particularly true for those veterans suffering from PTSD as a result of a feeling of helplessness, such as those exhibiting symptoms of survivor's guilt, nor does it cover the alarming number of women veterans who are victims of Military Sexual Trauma. Therefore, the DSM IV-TR definition of the PTSD stressor response should be used instead of what is in the proposed rule." The VA's 60-day comment period on the proposed regulation ends October 28 and a final regulation will be published soon after.

Congressman Hall said, "It should be our job to make it as easy as possible for veterans to access the benefits they have earned with their service. Not the other way around."

Full text of Congressman Hall's letter to Secretary Shinseki is below.

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October 22, 2009 The Honorable Eric K. Shinseki
Secretary
Department of Veterans Affairs
810 Vermont Avenue, NW

Washington, DC 20420 **Re: RIN 2900-AN32—Stressor Determinations for Posttraumatic Stress Disorder.**

Secretary Shinseki, I would like to offer you my comments on the recently proposed regulation regarding Posttraumatic Stress Disorder (PTSD). It is vital that any regulation promulgated by the Department of Veterans Affairs (VA) be as inclusive as possible so that our veterans can receive the benefits that they deserve. As Chairman of the Subcommittee on Disability Assistance and Memorial Affairs of the House Committee on Veterans' Affairs, I recently held a series of roundtables in Washington, D.C. and in my district (NY-19) to discuss the proposed rule change and get feedback from interested stakeholders and experts. Across the board, people are encouraged by the proposed rule as an important first step, but feel that more work needs to be done. To that end, my comments on the proposed rule are a synthesis of these meetings and suggest changes to expand it in order to better serve our nation's ailing veterans.

First, the proposed rule states that a "VA psychiatrist or psychologist" must confirm whether or not a claimed stressor is adequate to render a PTSD diagnosis. While it is important that a veteran's case for PTSD benefits be evaluated by a board-certified and licensed professional, it is overly restrictive to require that the evaluation come from a VA employee only. Even though there are two VA hospitals in my district, many of my veteran constituents told me that it is in some instances unreasonable to travel to a VA facility, and would prefer meeting with their own doctors. I cannot imagine the burden placed on those veterans who live far from any VA facility or choose to use other health insurance, including Tricare.

The restriction also disqualifies trained Department of Defense mental health professionals from being able to complete this assessment, even though all service members returning from deployment must undergo psychological evaluations. Many Veterans Service Organizations (VSOs) that attended my roundtables emphasized the need for a seamless transition from military service to the VA. Reworking the language to include board certified psychiatrists or

psychologists would not only make it easier for veterans to obtain this confirmation in order to receive their benefits, it would reduce the burden on the VA to conduct these examinations by accepting those performed by qualified and approved professionals.

Second, the proposed rule notes that the stressor must relate to a veteran's "fear of hostile military or terrorist activity" before an award can be granted. The stressor must also be consistent with the places, types and circumstances of the veteran's service and his/her symptoms. However, the American Psychiatric Association's (APA) definition of the PTSD stressor response in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR) is broader. In order to diagnose PTSD the criterion that must be met in 309.91 A.(2) states, "the person's response involved intense fear, helplessness, or horror." The inclusion of the other two additional optional responses gives the veteran a greater benefit of the doubt when his/her claim is being adjudicated, affords them equal treatment to other benefit programs using this criterion, and compels VA to be consistent with the medical community at large.

Furthermore, as I, and many of my fellow Members of Congress have heard, service members in combat zones serve in non-combat capacities. There are many stresses on their daily lives that might not fit under the fear provision as written. This is particularly true for those veterans suffering from PTSD as a result of a feeling of helplessness, such as those exhibiting symptoms of survivor's guilt, nor does it cover the alarming number of women veterans who are victims of Military Sexual Trauma (MST). Therefore, I urge you to use the DSM IV-TR definition of the PTSD stressor response, instead of what is in the proposed rule.

Thank you for the opportunity to comment on this proposed rule. While I applaud the VA's efforts to address this important issue, as proposed it does not go far enough to meet the intent of legislation I introduced, H.R. 952, COMBAT Act. With the current VA disability claims backlog hovering close to one million, it is crucial that we do whatever we can to reduce the waiting time for veterans to receive the benefits that they deserve.

If I or the Subcommittee can be of any assistance to you, please do not hesitate to call upon us.

Thank you again,

John J. Hall
Chairman
Subcommittee on Disability Assistance and Memorial Affairs
House Committee on Veterans' Affairs